

2011 DEC -2 AM 10: 03

DISCHARGE AUTHORIZATION REQUEST (DAR)

Section A - General Information

1. **Reporting Facility - Location:**

Name: BELMONT PLATING WORKS, INC.

Address: 3410 N. RIVER ROAD

City, State, Zip Code: FRANKLIN PARK, IL 60131

Facility Contact: MARK TONI Title: PRESIDENT

Telephone: 847-678-0200 Fax Number: 847-678-0758 FID Number: 362106921

2. **Business Office - Mailing Address (if different from above)**

Name: BELMONT PLATING WORKS, INC.

Address: 9145 KING STREET

City, State, Zip Code: FRANKLIN PARK, IL 60131

Business Contact: MARK TONI Title: PRESIDENT

Telephone: 847-678-0200 Fax Number: 847-678-0758 FID Number: 362106921

3. **Identify the name(s) of all officers or principal owners of the entity seeking Discharge Authorization. Use additional sheets, if necessary.**

Name: MARK TONI Title: PRESIDENT Telephone: 847-678-0200

Name: DAVE TONI Title: VICE-PRESIDENT Telephone: 847-678-0200

Name: _____ Title: _____ Telephone: _____

Name: _____ Title: _____ Telephone: _____

Name: _____ Title: _____ Telephone: _____

Authorized Representative: MARK TONI Title: PRESIDENT Telephone: 847-678-0200

2. Give a description of all operations at this facility, including primary and secondary products or services, raw materials and all chemical used (attach additional sheets if necessary)

Belmont Plating Works, Inc. is an electroplating job shop that electroplates copper, nickel, brass, cadmium tin, chrome and zinc onto various parts for their customers.

Raw materials include copper cyanide, sodium cyanide, zinc cyanide, cadmium oxide, nickel sulfate, chromic acid, nitric acid, sulfuric acid, alkaline cleaners, potassium chloride, sodium hydroxide, sodium metabisulfite, sodium bisulfate, ammonium hydroxide, assorted chromate products and other electroplating chemicals.

3. Indicate all applicable Standard Industrial Classification (SIC) codes for all processes. If more than one applies, list in descending order of importance.

a. 3471 c. _____ e. _____ g. _____
b. _____ d. _____ f. _____ h. _____

4. Average Annual Numbers of Employees: 75

Section C - Water Supply

1. Water Sources (Check as many as are applicable)

☐ Private Well
☐ Surface Water
☒ Municipal Water Utility (Specify Supply Agency) Village of Franklin Park
☐ Other (Specify) _____

2. a. Number of Intake Water Meter(s): 3
b. Serial Number(s) of Intake Water Meter(s): 31973804 (M1), ~~31937059~~ (M2) 6062112, 9
31937059 (Fire Meter)

3. Municipal Water Service Account Numbers:

014505-000 _____
016048-000 _____
016808-000 _____

4. List average water usage on premises. New facilities may provide estimates. Check all that apply. Indicate what "Other" is if box is checked. Furnish copies of water bills and/or documentation for one year that show total water consumption.

**Average Usage, Gallons Per Day (G.P.D.)
Based on Production Days**

a. <input checked="" type="checkbox"/> Domestic wastes (Restrooms, employee showers etc.)	1,770	<input type="checkbox"/> Measured	<input checked="" type="checkbox"/> Estimated
b. <input type="checkbox"/> Non contact cooling water		<input type="checkbox"/> Measured	<input type="checkbox"/> Estimated
c. <input checked="" type="checkbox"/> Boiler blowdown /cooling tower makeup	10,700	<input checked="" type="checkbox"/> Measured	<input type="checkbox"/> Estimated
d. <input type="checkbox"/> Contact Cooling Water		<input type="checkbox"/> Measured	<input type="checkbox"/> Estimated
e. <input checked="" type="checkbox"/> Process	138,500	<input type="checkbox"/> Measured	<input checked="" type="checkbox"/> Estimated
f. <input type="checkbox"/> Equipment/facility washdown		<input type="checkbox"/> Measured	<input type="checkbox"/> Estimated
g. <input type="checkbox"/> Air Pollution Control Unit		<input type="checkbox"/> Measured	<input type="checkbox"/> Estimated
h. <input type="checkbox"/> Contained in product		<input type="checkbox"/> Measured	<input type="checkbox"/> Estimated
i. <input type="checkbox"/> Irrigation and lawn watering		<input type="checkbox"/> Measured	<input type="checkbox"/> Estimated
j. <input checked="" type="checkbox"/> Other <u>Lab</u>	30	<input type="checkbox"/> Measured	<input checked="" type="checkbox"/> Estimated
k. Total of Water Usage (sum of a-j)	151,000	<input checked="" type="checkbox"/> Measured	<input type="checkbox"/> Estimated

5. List water usage not discharged to sanitary sewerage system. Complete this item only if you are claiming significant process or evaporation losses of water.

Daily Loss (G.P.D.)

Average Maximum

a. <input type="checkbox"/> Contained in product	_____	_____
b. <input type="checkbox"/> Irrigation and lawn watering	_____	_____
c. <input type="checkbox"/> Evaporation losses	_____	_____
d. <input type="checkbox"/> Hauled off site treatment	_____	_____
e. <input type="checkbox"/> Other _____	_____	_____

Section D - Wastewater Discharge and Sewer Information

1. Does (or will) this facility discharge any wastewater other than from restrooms to the sanitary sewerage system?

☒ Yes

☐ No

2. Provide the following information on wastewater flow rate. New facilities may estimate.

a. Hours/Day Discharged (e.g., eight hours/day)

M 19.5 T 19.5 W 19.5 Th 19.5 F 19.5 Sat 17* Sun

*The facility occasionally operates 1 shift on Saturdays.

b. Hours of Discharge (e.g., 9 a.m. to 5 p.m.)

M 6a.m.-1:30a.m. T 6a.m.-1:30a.m. W 6a.m.-1:30a.m. Th 6a.m.-1:30a.m. F 6a.m.-1:30a.m. Sat 3:30a.m.-8:30p.m. Sun

c. Peak Hourly Flow Rate (g.p.m.) 180

3. If batch discharges occur or will occur, please complete the table below (New Facility may estimate). Use additional sheets if necessary.

Description of Batch Discharge	Frequency of Batch Discharge (per day/wk/yr)	Time of Batch Discharge		Average Volume (gallons) per Batch Discharge	Flow Rate (g.p.m.)
		Day of Week	Time of Day		

4. List size, descriptive location, flow discharge rate and type of discharge (Batch (B) or Continuous (C) or both) for each facility sewer (including blind ties, if any) which connects to the sanitary sewerage system.

Sampling Point	Sewer Size	Descriptive Location of the Sampling Point	Flow (G.P.D.)		Type of Discharge (B, C, B+C)
			Average	Maximum	
2A		On King Street ~60' downstream of 1A	151,000	260,000	C
Total			151,000	260,000	

* Use this Sampling Point designation in completing Items 5,6,7 and 10 of this Section.

5. Schematic Flow Diagram - For each major activity attach a diagram of the flow of materials, product, water, and wastewater from the start of the activity to its completion, showing all unit processes. Indicate which processes use water and which generate wastestreams. Include the average daily volume and maximum daily volume of each wastestream (new facilities may estimate). If estimates are used for flow data, indicate this on the diagram. Number each unit process having wastewater discharges to the sanitary sewerage system. Use these reference numbers when showing unit processes in the building layout diagram in Section E, and also in completing Item 6,7,10 of this section. This drawing must be certified by a Professional Engineer registered in the State of Illinois.

If any of the activities at your facility are subject to Federal categorical pretreatment standards, skip to Question 7.

6. For Non-Categorical Industrial Users Only: List average daily wastewater discharge, maximum daily discharge, type of discharge (Batch (B) or Continuous (C) or both), and sampling point, for each plant process. Include the reference number from the process schematic which corresponds to each process. New facilities provide estimates for each discharge.

Ref No.	Process Description	Flow (G.P.D.)		Type of Discharge (B, C, B+C)	Sampling Point
		Average	Maximum		

Answer questions 7 and 8 only if you are subject to Categorical Pretreatment Standards.

7. For Categorical Industrial Users: List average daily wastewater discharge, maximum daily discharge, type of discharge (Batch (B) or Continuous (C) or both), and sampling point, for each plant process. Include the reference number from the process schematic which corresponds to each process. New facilities provide estimates for each discharge.

Ref No.	Regulated Process Flows	Flow (G.P.D.)		Type of Discharge (B, C, B+C)	Sampling Point
		Average	Maximum		
1	Electroplating/Metal Finishing	138,500	245,000	C	2A
	Electroplating	115,700	205,800	C	2A
	Metal Finishing	22,800	39,200	C	2A

Ref No.	Unregulated Process Flows	Flow (G.P.D.)		Type of Discharge (B, C, B+C)	Sampling Point
		Average	Maximum		

Ref No.	Dilutional Process Flows	Flow (G.P.D.)		Type of Discharge (B, C, B+C)	Sampling Point
		Average	Maximum		
2	Boiler Makeup	10,700	12,250	C	2A
3	Sanitary 12500	1,770	2,700	C	2A
4	Lab MINIMAL VOLUME 30	30	50	C	2A

8. For Categorical Industrial Users subject to Total Toxic Organics (TTO) Requirements, provide the following TTO information:

- a. Does (or will) this facility use any of the toxic organics which are listed under the TTO standard of the categorical pretreatment standards published by the USEPA?

☐ Yes ☒ No

- b. If answer to (a) is Yes, attach a copy of the facility's Toxic Organic Management Plan.

9. Do you have automatic sampling equipment or continuous wastewater flow metering equipment at this facility?

Flow Metering ☐ Yes ☒ No
Sampling Equipment ☒ Yes ☐ No

RR 2-3-2012

If so, please indicate the present or future location of this equipment on the Building Layout (as required under Section E, Item 10 of this Discharge Authorization Request) and describe the equipment below:

10. Self-Monitoring of Wastewater Discharge

- a. Adjustment of Limits - Are you adjusting the categorical pretreatment limits by employing the Combined Wastestream Formula?

☒ Yes ☐ No

- b. If yes, for each sampling station employing the Combined Wastestream Formula, attach a separate sheet showing the calculations and describing the methodology by which the Combined Wastestream Formula factor is derived. List below all water meters, submeters and/or discharge flow meters used in the methodology. These meters must be identified on the facility layout diagram required in Section E, Item 10.

Meter Designation	Description	Manufacturer	Serial Number
M1	Main intake water meter	Neptune	31973804
M2	Main intake water meter	Neptune	31937096
SM1	Submeter, Boiler makeup	Seametrics	07980258

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REPLACED BY SN: 60621129
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- c. Mass Limits - Does the facility perform any processes which are regulated under a categorical pretreatment standard which has established production-based limits or mass limits?

☐ Yes ☒ No

- d. If yes, for each sampling station which receives wastewater from one or more of these processes, attach a separate sheet showing the calculations used to derive the pretreatment limits. Production based limits must be converted to equivalent mass limits. Submit production data used in the calculations. List all water meters, submeters, and/or discharge flow meters and the methodology used to calculate mass loading for purposes of determining compliance with the mass limits. These meters must be identified on the facility layout diagram required in Section E, Item 10.

Meter Designation	Description	Manufacturer	Serial Number

Section E - Wastewater Pretreatment

1. Is there any form of wastewater pretreatment or air pollution control (see list below) practiced at the facility?

☒ Yes ☐ No

If yes, complete Items 2 through 9.

2. Does your facility have separate discharge from more than one pretreatment system?

☐ Yes ☒ No

If yes, how many? _____

3. Type of pretreatment - check all applicable processes used at your facility.

a. Physical Treatment

- ☐ Air stripping
- ☐ Centrifuge
- ☐ Comminutor
- ☐ Dissolved air flotation
- ☐ Gravity filtration
- ☐ Grease/Oil Separation
- ☐ Grease Trap
- ☐ Grit removal

- ☒ Flocculation
- ☒ Flow equalization
- ☒ Pressure filtration
- ☐ Reverse osmosis
- ☐ Screening
- ☒ Sedimentation/clarification
- ☐ Sludge Dryer
- ☐ Ultrafiltration

☒ Other - Detail below

b. Chemical Treatment

- ☐ Activated carbon absorption
- ☐ Distillation
- ☐ Evaporation
- ☐ Electrolytic recovery
- ☐ Ion exchange

- ☒ Neutralization/pH correction
- ☐ Oxidation - Detail below
- ☒ Precipitation - Detail below
- ☒ Reduction - Detail below
- ☐ Solvent extraction

☒ Other - Detail below

c. Biological Treatment

☐ Septic Tank

☐ Stabilization pond

☐ Other - Detail below

d. Air pollution Control

☐ Cyclone

☐ Filtration

☐ Scrubber

☐ Electrostatic precipitation

☐ Other - Detail below

Metals are precipitated through use of pH adjustment, flocculent and the clarifier equipment.

Hexavalent chromium reduction is conducted through the use of sodium metabisulfite.

Cyanide is destroyed through alkaline chlorination through the use of sodium hypochlorite.

The facility also employs a sludge thickening tank and a sand filter.

4. a. Do you have an Illinois Environmental Protection Agency (IEPA) Water Pollution Control Permit for the wastewater pretreatment system at your facility?

☒ Yes - Attach a copy ☐ No - Complete Item B.

- b. Has an Application for Permit or Construction Approval been filed with the IEPA for the wastewater pretreatment system at your facility?

☒ Yes ☐ No

5. Pretreatment System Flow Diagram - On a separate page, provide a schematic flow diagram showing all pretreatment devices and unit processes indicated under Section E, Item 3. Number each unit process. This diagram must be certified by a Professional Engineer registered in the State of Illinois.
6. List Names of IEPA certified operators of the pretreatment system and class level of license. Attach copies of certifications.

Name: Olga Vivero	Class: K
Name: Javier DeJesus	Class: K
Name: _____	Class: _____
Name: _____	Class: _____

7. Past Environmental Performance:
Complete this item if the company, or any officers or supervisory personnel of the company, have ever been convicted of a felony or found in violation in civil litigation or an administrative proceeding under any environmental acts passed by Congress or the legislature of the State of Illinois and enacted into law. Provide a brief description of the particulars, the case number, the time frame, and the court in which the case was filed.

N/A

8. a. Are any liquids waste or sludge from this facility delivered to another person for transport, reclamation, and/or disposal? ☒ Yes ☐ No If yes, complete Item 8b.

b. These waste may best be described as follows:

	Estimated Quantity Generated Per Month	Units (gallons, pounds, cubic yards)	Storage/Disposal Method*		Storage Containers**
<input type="checkbox"/> Acids and alkalis					
<input type="checkbox"/> Heavy metal sludge					
<input type="checkbox"/> Oil and/or grease					
<input type="checkbox"/> Paints					
<input checked="" type="checkbox"/> Pretreatment sludges	20	Cubic yards	1	4	C
<input type="checkbox"/> Plating waste					
<input type="checkbox"/> Solvents/thinners					
<input type="checkbox"/> Organic compounds					
<input type="checkbox"/> Pesticides					
<input type="checkbox"/> Inks/dyes					
<input type="checkbox"/> Other, specify					
<input type="checkbox"/>					

* Use the codes 1 or 2 and 3 or 4, indicating one code for storage and one code for disposal.

- 1 = On-site storage
- 2 = Off-site storage
- 3 = On-site disposal
- 4 = Off-site disposal

** Use these codes A, B, C, D, E or F.

- A = Bulk Tanker
- B = Drums
- C = Dumpsters
- D = Bags
- E = Rail Car
- F = Other (explain)

Explain:

Section F - Certification Statements

1. Provide response to the following questions. Use additional sheets if necessary.

a. Has the sewer system which serves your facility been modified to accommodate flows from your operations

i. Prior to start-up of your industrial operations?

☐ Yes ☒ No

ii. Prior to start-up of your pretreatment system(s)?

☐ Yes ☒ No

iii. After start-up of your industrial operations?

☐ Yes ☒ No

iv. After start-up of your pretreatment system(s)?

☐ Yes ☒ No

b. Do(es) the sewer plan(s) you submitted with this DAR plainly and clearly identify all sewers into which wastewaters from your industrial process(es) or pretreatment system(s) enter(s) prior to discharge to the public sewer system?

☒ Yes ☐ No

c. Do you have any blind ties into the sewer system through which wastewater from your industrial process(es) or pretreatment system(s) is discharged?

☐ Yes ☒ No

d. Are there any bypasses in your sewer system which will permit the discharge of wastewater to the public sewer without wholly or partially flowing through the sampling chamber/manhole you have identified in this DAR as the official sampling station? ☐ Yes ☒ No

2. **Pretreatment Standards:** ☒ are being met ☐ are not being met

If pretreatment standards are not being met, attach a completed Compliance Schedule (RD-112). The RD-112 must be certified by an authorized agent of your company, notarized, and must contain major milestone dates for implementation of remediation measures. In addition, the RD-112 must contain a final compliance date acceptable to the District, by which the company will attain full compliance with the District's Ordinance.

3. List any environmental control permits held by the facility:

USEPA & IEPA HAZARDOUS WASTE GENERATOR ID#S: ILD005114665, 310965205

IEPA AIR PERMIT # 031096AIB

IEPA WATER PERMIT #1994-EN-1850

4. Prepared by: JOANNE KIEPURA

NAME (TYPE OR PRINT)

ENGINEERING SERVICES

TITLE

11/21/11

DATE

SCIENTIFIC CONTROL LABORATORIES, INC.

COMPANY

773-254-2406 EXT.

TELEPHONE

5. Professional Engineer's Certification:

I certify under penalty of law that I have reviewed this document and all attachments. I further certify that the sampling and analysis conducted are representative of normal work cycles and expected pollutant discharge to the sewer system. Based on my inquiry of the person or person who prepared this document, or those persons directly responsible for gathering information contained in this document, the information submitted in this document is, to the best of my knowledge and belief, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for known violations.

JEFFREY ZAK

Name of Professional Engineer

MANAGER OF ENGINEERING

Title

Signature

773-254-2406

Date

Telephone

062-052441

11/30/97

Professional Engineer's
Registration Number

Date of Registration

SCIENTIFIC CONTROL LABORATORIES, INC.

Professional Engineer's Employer

3158 SOUTH KOLIN AVENUE

Address

CHICAGO, IL 60623

City, State & Zip



6. Professional Engineer's Certification of Wastewater Pretreatment System:

I certify that I am a Professional Engineer currently licensed to practice engineering in the state of Illinois, and that the pretreatment facilities, as described in this document for the facility described herein, have been implemented and are adequate to handle the discharge volume in terms of both hydraulic capacity and ability to meet the pollutant concentration limits, discharge prohibitions or performance criteria of all applicable federal and local regulations.

JEFFREY ZAK

Name of Professional Engineer

MANAGER OF ENGINEERING

Title

Signature

773-254-2406

Date

Telephone

062-052441

11/30/97

Professional Engineer's
Registration Number

Date of Registration

SCIENTIFIC CONTROL LABORATORIES, INC.

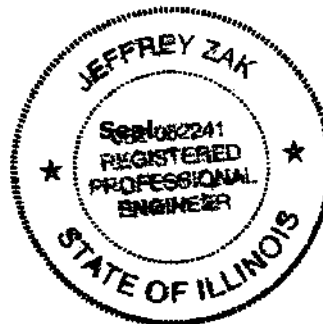
Professional Engineer's Employer

3158 SOUTH KOLIN AVENUE

Address

CHICAGO, IL 60623

City, State & Zip



I cannot certify the above statement for the following reason:

☐ Insufficient data were provided to assess the adequacy of the pretreatment system

☐ The pretreatment system is inadequate

☐ The facility does not have a pretreatment system

Signature

Signature

Signature

7. Authorized Facility Representative Statement

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those person directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for known violations.

MARK TONI

Name

President

Title

[Signature]

Signature

11-29-11

Date

847-678-0200

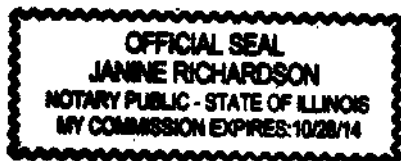
Telephone

Subscribed and sworn to before me this 29th day of November, 2011.

Janine Richardson
Notary Public

(Notary Seal)

My Commission Expires 10/28/14



Belmont Plating Works
9145 King Street
Franklin Park, IL 60131

		Incoming city water meters, read in 100's of cubic feet			Submeter
		M1	M2	Fire meter	SM1
Serial Number:		31973804	60621129	31937059	7980258
Account Number:		014505-000	016048-000	016808-000	Boiler makeup
9/30/2011		81288	12182	64	876720
9/29/2010		46523	5875	52	658630
Converted to gallons:		26,004,220	4,717,636	8,976	2180900

Total Gallons: 30,730,832
Days: 250

		avg. gpd	Requesting avg. gpd plus ~23% to allow for increased production hours*	Requesting max. gpd Current permit's max. gpd limits
Total plant flow	M1 + M2	122,923	151,000	260,000
Total regulated process	(M1 + M2) - (Sanitary + Boiler makeup + Lab)	112,680	138,500	245,000
413 Process	M1 - (SM1 + Sanitary from M1)	94,093	115,700	205,800
Boiler make up, SM1	SM1	8,724	10,700	12,250
Sanitary from M1	60 employees X 20 avg. gpd	1,200	1,400	2,100
433 Process	M2 - Sanitary + Lab	18,551	22,800	39,200
Sanitary from M2	15 x 20 avg. gpd	300	370	600
Lab	Estimated usage	20	30	50
Total sanitary	75 x 20 avg. gpd	1,500	1,770	2,700
	Dilutonal	10,244	12,500	15,000

Current # of employees: 75

* Currently running 19.5 hours/day, operating 24 hours/day would cause a 23% increase of average water usage.
413 processes use 84% of total regulated process waters, 433 uses 16% of total.

Checked by:
RL
2-3-2012

COMBINED WASTESTREAM FORMULA CALCUATIONS

COMPANY: BELMONT PLATING WORKS

STATION: 2A

REGULATED PROCESS	Category	Total Flows		Cyanide Bearing Portion (GPD)
		AVG. GPD	Subtotals	
413	Electroplating	115,700		
433	Metal Finishing	22,800		0
		0		0
		0		0
		0		0
		0		0
		0		0
			138,500	0

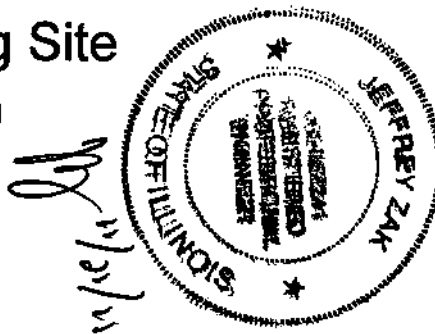
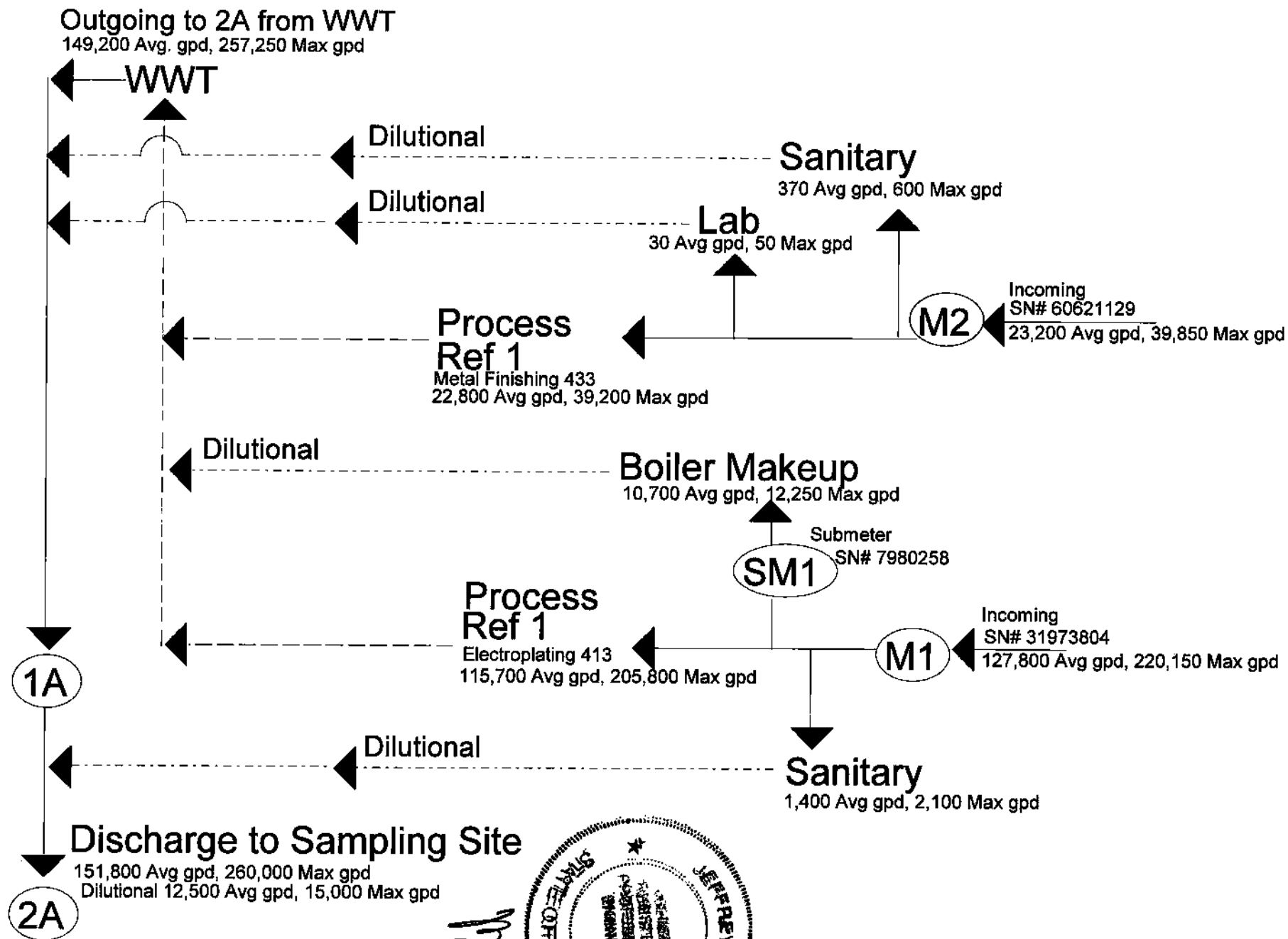
UNREGULATED PROCESS

	0
	0
	0
	0

DILUTIONAL

Sanitary	1,770
Boiler Blowdown	10,700
Lab	30
	0
	12,500

TOTAL: 151,000



Building 3

